

order to help clear up the diagnosis, antisyphilitic treatment in doubtful cases, should be instituted. 3rd. Tracheotomy, as low down as possible, should be performed. The patient thus becomes accustomed to the presence of the tampon cannula. At the same time for the purposes of a histological examination of the growth, a small portion should be removed per os. 4th. Should this examination give but a doubtful result, still the operation should be performed as quickly as possible. Simple thyrotomy or either partial or complete laryngectomy, according to the conditions found, should follow.—*Gaz. hebdo.*, No. 50, 1887.

G. R. FOWLER (Brooklyn.)

EXTREMITIES.

I. Colloid Cancer of the Hand and Forearm. By DR. IVANOFF (Varna, Bulgaria). A turkish peasant, æt. 36, of a healthy family, was admitted to the Varna District Hospital in a highly cachectic state, with a dark, soft, partly fluctuating, roundish tumor of the size of the patient's head, discharging a thick serous fluid and occupying the whole internal moiety of his right hand, the little finger being embedded totally, the three adjoining fingers only partially (with their dorsal and lateral surfaces). The new growth involved also the ulnar portion of the lower fourth of the forearm. Its surface was extensively ulcerated and partially gangrenescent. Close to the tumor, higher up, there was felt another, somewhat lesser, but similarly soft and fluctuating swelling deeply embedded amongst the tissues of the inner side of the forearm, the integuments over it being normal and non-adherent, the subcutaneous veins dilated. The axillary glands were healthy. According to the man's statement about $4\frac{1}{2}$ years before, there had appeared, without any cause, a small tumor, of the size of a bean, situated between the little and ring fingers. Two years later it had attained the size of a hen's egg and became ulcerated, to grow very rapidly thenceforward, while 8 months before his admission he had noticed another swelling on his forearm. In view of the man's state growing alarmingly worse from day to day, Dr. Ivanoff, without delay made an amputation of the limb, about the middle of the humerus.

He rapidly recovered without any fever, the wound healing *per primam* about the 9th day. On the 16th, he was discharged in a greatly improved general state. The dissection of the new growths showed that they invaded the subcutaneous layer, fasciæ, the intermuscular tissue, and sheaths of tendons. The little finger's phalanges were entirely absent, its metacarpal bone being as soft as a fibrous cartilage; the ring finger's phalanges were similarly softened. The microscopical examination proved that the tumor was a typical colloid cancer.—*Meditzinsko Spisanie* (Bulgaria), June 10, 1888.

VALERIUS IDELSON (Berne).

II. Cases of Compound Dislocation of the Ankle Joint.
By MR. CROLY (Dublin). A man was admitted with compound dislocation of the ankle joint which had followed a fall of 20 feet off a straw rick. The fibula and tibia projected externally through a rent in the soft parts. The foot was twisted upwards and inwards. Reduction was effected under ether by the author, the wound was dressed antiseptically and splints applied. In the other case the accident was caused by the patient a coal porter, having his foot caught between the shaft of a coal dray and the horse's side. On admission the tibia protruded four inches through a lacerated wound at the inside of the right ankle joint and the fibula was comminuted. Reduction was effected under ether, a drainage tube inserted, antiseptic drainings used, and the limb placed in a flexed position. Gangrene threatened, but timely incisions were made, and the patient at the time of the report was doing well with every promise of a useful foot.—*Medical Press and Circular*, July 25, 1888.

H. PERCY DUNN (London).

III. Successful Simultaneous Triple Amputations for Railway Injuries. By JAMES BUCKNER LUCKIE, M. D. (Birmingham, Ala). (1) A colored man, æt. 21, was run over by a locomotive, the left foot and ankle being literally crushed to pieces, the right foot and ankle and the right hand and wrist similarly mangled, together with other severe injuries. The patient was greatly collapsed but the following modified circular amputations were performed: the